

Estimate Your Payment Responsibility

If desired, you may print this worksheet and use it to estimate your monthly payment responsibility under the rules of the HCTC's advance credit program. You will need your most recent health plan invoice.

Keep in mind that this worksheet is for estimating purposes only. Your actual payment may vary.

1. Enter the total health plan premium that you pay per month for yourself and any qualified family member(s). (1) _____
2. Enter the total of any premiums you pay per month for exceptions (for example, vision and dental coverage). (2) _____
3. Subtract line 2 from line 1. This is your monthly eligible premium amount. (3) _____
4. Multiply line 3 by 35% (.35) and enter the result. (4) _____
5. Add lines 2 and 4. (5) _____
6. Enter the amount of any health plan premium you pay for non-qualified individuals. (6) _____
7. Add lines 5 and 6. This is an estimate of your contribution as part of the HCTC advance tax credit program. (7) _____
8. Subtract the amount on line 4 from the amount on line 3. This is an estimate of what you will save through the HCTC credit. (8) _____